

PATENT



Docket No. 979-102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Mougín Thierry
Serial No. : 10/518,327
Filed : June 26, 2005
For : METHOD FOR DIAGNOSING MALFUNCTION OF APPARATUS DELIVERING
GOODS AND SERVICES AGAINST PAYMENT

CERTIFICATE OF MAILING (37 C.F.R. 1.8a)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

I hereby certify that the attached Amendment, Amendment Transmittal, Checks for \$2,160.00 and Return Postcard, along with any paper(s) referred to as being attached or enclosed and this Certificate of Mailing are being deposited with the United States Postal Service on the date shown below with sufficient postage as first-class mail in an envelope addressed to the:
Commissioner for Patents, P.O. Box 1450 Alexandria, V.A. 22313-1450.

Respectfully submitted,

SOFER & HAROUN, L.L.P.

By: 
Valentina Papraniku

Date: June 26, 2007

Mailing Address:

SOFER & HAROUN, L.L.P.
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New York, New York 10017
Tel:(212)697-2800
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PATENT

Docket No. 979-102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Mougin Thierry

Group Art Unit: 3651

Serial No. : 10/518,327

Examiner: Tran

Filed : January 21, 2005

For : METHOD FOR DIAGNOSING MALFUNCTION OF APPARATUS DELIVERING
GOODS AND SERVICES AGAINST PAYMENT

AMENDMENT FEE TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

☐ No additional fee is required.

☐ The additional fee has been calculated as shown below:

CLAIMS AS AMENDED

	Claims Remaining After Amendment		Highest No. Covered by Previous Payments	Present Extra	Rate	Additional Fee
Total Claims*	10	-	20	=0	x \$50.00	\$ _____
Independent Claims	2	-	3	=0	x \$200.00	\$ _____
Multiple Dependent Claim(s)	(If claims added by amendment include Multiple Dependent Claim(s) and there was no Multiple Dependent Claim(s) in application before amendment add \$260.00 to additional fee.)					\$ _____
					Total:	\$ _____

☐ Verified Statement of "Small Entity" Status Under 37 CFR § 1.27
filed _____. Reduced Fees Under 37 CFR § 1.9(f)
(50% of total) paid herewith.

\$ _____

☐ Charge fee to Deposit Account No. 19-2825 . Order No. _____

* Includes all independent and single dependent claims and all claims referred to in multiple dependent claims. See 37 C.F.R. § 1.75(c).

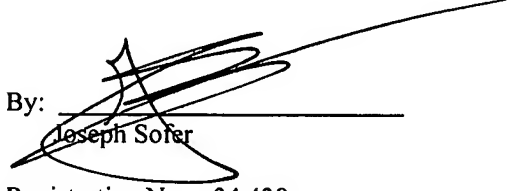
A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

- ☒ [X] The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No.19-2825. Order No. 979-102.
- ☐ [] ___ Page(s) of substitute Sequence Listing
- ☐ [] ___ Computer disk(s) containing substitute Sequence Listing
- ☐ [] Statement under 37 C.F.R. § 1.825(b) that the computer and paper copies of the substitute Sequence Listing are the same.
- ☐ [] A check in the amount of \$_____ to cover the filing fee is attached.

Respectfully submitted,

SOFER & HAROUN L.L.P.

Dated: June 26, 2007

By: 

Joseph Sofar
Registration No. 34,438

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